



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No.

29020/96007B2

In re Application of	Bill Hoerner et al.	
Application Number	09/249,916	Filed
For: COUPLING MECHANISM AND PANEL FOR SECTIONAL DOOR		
Art Unit	3634	Examiner
B. A. Lev		

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|---|-----------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ | |
| <input checked="" type="checkbox"/> | A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account Number _____. | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. | 13-2855 |

I have enclosed a duplicate copy of this sheet.

- I am the
- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | applicant/inventor. |
| <input type="checkbox"/> | assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input type="checkbox"/> | attorney or agent of record. Registration Number _____ |
| <input checked="" type="checkbox"/> | attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____ |

40,091

May 20, 2004

Date

(312) 474-6300

Telephone Number

Signature

Thomas A. Miller

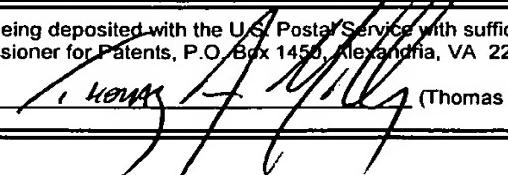
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 20, 2004

Signature: 

(Thomas A. Miller)